

104TH CONGRESS
2D SESSION

H. R. 3331

To amend the Public Health Service Act to expand and intensify programs of the National Institutes of Health with respect to research and related activities concerning osteoporosis and related bone diseases.

IN THE HOUSE OF REPRESENTATIVES

APRIL 25, 1996

Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mrs. MORELLA, Mr. HAYES, Mr. GENE GREEN of Texas, Ms. WATERS, Mr. HILLIARD, Mrs. MEEK of Florida, Mr. FROST, Mrs. CLAYTON, Ms. LOFGREN, Ms. NORTON, Mr. FRAZER, Mr. THOMPSON, Mr. TOWNS, Miss COLLINS of Michigan, Mr. EVANS, and Mrs. KENNELLY) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to expand and intensify programs of the National Institutes of Health with respect to research and related activities concerning osteoporosis and related bone diseases.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Osteoporosis and Re-
5 lated Bone Diseases Research Act of 1996”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds that—

3 (1) osteoporosis, or porous bone, is a condition
4 characterized by an excessive loss of bone tissue and
5 an increased susceptibility to fractures of the hip,
6 spine, and wrist;

7 (2) osteoporosis is a threat to an estimated
8 25,000,000 Americans, 80 percent of whom are
9 women, many of whose cases go undiagnosed be-
10 cause the condition develops without symptoms until
11 a strain, bump, or fall causes a fracture;

12 (3) between 3 and 4 million Americans have
13 Paget's disease, osteogenesis imperfecta,
14 hyperparathyroidism, and other related metabolic
15 bone diseases;

16 (4) osteoporosis is responsible for 1,500,000
17 bone fractures annually, including more than
18 250,000 hip fractures, 500,000 vertebral fractures,
19 200,000 fractures of the wrist, and the remaining
20 fractures at other limb sites;

21 (5) 1 of every 2 women and 1 of every 8 men
22 over age 50 will develop fractures associated with
23 osteoporosis;

24 (6) direct medical costs of osteoporosis are esti-
25 mated to be \$10,000,000,000 annually for the Unit-

1 ed States, not including the costs of family care and
2 lost work for caregivers;

3 (7) direct medical costs of osteoporosis are ex-
4 pected to increase precipitously because the propor-
5 tion of the population comprised of older persons is
6 expanding and each generation of older persons
7 tends to have a higher incidence of osteoporosis than
8 preceding generations;

9 (8) technology now exists, and new technology
10 is developing, that will permit early diagnosis and
11 prevention of osteoporosis as well as management of
12 the condition once it has developed;

13 (9) funding for research on osteoporosis and re-
14 lated bone diseases is severely constrained at key re-
15 search institutes, including the National Institute of
16 Arthritis and Musculoskeletal and Skin Diseases, the
17 National Institute on Aging, the National Institute
18 of Diabetes and Digestive and Kidney Diseases, the
19 National Institute of Dental Research, and the Na-
20 tional Institute of Child Health and Human Devel-
21 opment;

22 (10) further research is needed to improve med-
23 ical knowledge concerning—

24 (A) cellular mechanisms related to the
25 processes of bone resorption and bone forma-

tion, and the effect of different agents on bone remodeling;

(B) risk factors for osteoporosis, including newly discovered risk factors, risk factors related to groups not ordinarily studied (such as men and minorities), risk factors related to genes that help to control skeletal metabolism, and risk factors relating to the relationship of aging processes to the development of osteoporosis;

(C) bone mass measurement technology, including more widespread and cost-effective techniques for making more precise measurements and for interpreting measurements;

(D) calcium (including bioavailability, intake requirements, and the role of calcium in building heavier and denser skeletons), and vitamin D and its role as an essential vitamin in adults;

(E) prevention and treatment, including the efficacy of current therapies, alternative drug therapies for prevention and treatment, and the role of exercise; and

(F) rehabilitation; and

1 (11) further educational efforts are needed to
2 increase public and professional knowledge of the
3 causes of, methods for avoiding, and treatment of
4 osteoporosis.

5 **SEC. 3. OSTEOPOROSIS RESEARCH.**

6 Subpart 4 of part C of title IV of the Public Health
7 Service Act (42 U.S.C. 285d et seq.) is amended by adding
8 at the end the following new section:

9 **“SEC. 442A. RESEARCH ON OSTEOPOROSIS AND RELATED**
10 **DISEASES.**

11 “(a) EXPANSION OF RESEARCH.—The Director of
12 the Institute, the Director of the National Institute on
13 Aging, the Director of the National Institute of Diabetes
14 and Digestive and Kidney Diseases, the Director of the
15 National Institute of Dental Research, and the Director
16 of the National Institute of Child Health and Human De-
17 velopment shall expand and intensify research on
18 osteoporosis and related bone diseases. The research shall
19 be in addition to research that is authorized under any
20 other provision of law.

21 “(b) MECHANISMS FOR EXPANSION OF RESEARCH.—
22 Each of the Directors specified in subsection (a) shall, in
23 carrying out such subsection, provide for one or more of
24 the following:

25 “(1) Investigator-initiated research.

1 “(2) Funding for investigators beginning their
2 research careers.

3 “(3) Mentorship research grants.

4 “(4) Specialized centers.

5 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 \$30,000,000 for the National Institute of Arthritis and
8 Musculoskeletal and Skin Diseases, \$6,500,000 for the
9 National Institute on Aging, \$6,500,000 for the National
10 Institute of Diabetes and Digestive and Kidney Diseases,
11 \$4,000,000 for the National Institute of Dental Research,
12 and \$3,000,000 for the National Institute of Child Health
13 and Human Development for each of the fiscal years 1997
14 through 1999, and such sums as may be necessary for
15 subsequent fiscal years. These funds are in addition to
16 amounts authorized to be appropriated for biomedical re-
17 search relating to osteoporosis and related bone diseases
18 under any other provision of law.

19 “(d) RELATED BONE DISEASES DEFINED.—As used
20 in this section, the term ‘related bone diseases’ includes—

21 “(1) Paget’s disease, a bone disease character-
22 ized by enlargement and loss of density with bowing
23 and deformity of the bones;

24 “(2) osteogenesis imperfecta, a familial disease
25 marked by extreme brittleness of the long bones;

1 “(3) hyperparathyroidism, a condition charac-
2 terized by the presence of excess parathormone in
3 the body resulting in disturbance of calcium metabo-
4 lism with loss of calcium from bone and renal dam-
5 age;

6 “(4) hypoparathyroidism, a condition character-
7 ized by the absence of parathormone resulting in
8 disturbances of calcium metabolism;

9 “(5) renal bone disease, a disease characterized
10 by metabolic disturbances from dialysis, renal trans-
11 plants, or other renal disturbances;

12 “(6) primary or postmenopausal osteoporosis
13 and secondary osteoporosis, such as that induced by
14 corticosteroids; and

15 “(7) other general diseases of bone and mineral
16 metabolism including abnormalities of vitamin D.”.

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